



State of California  
Department of Industrial Relations  
Division of Labor Standards Enforcement  
[www.dir.ca.gov/dlse/ecu/ElectricalTrade.html](http://www.dir.ca.gov/dlse/ecu/ElectricalTrade.html)  
Electrician Certification Program  
Phone (415) 703-4919

## **RENEWAL APPLICATION FOR ELECTRICIAN CERTIFICATION**

**Please PRINT in Ink or TYPE**

Name: Last: \_\_\_\_\_ Sfx: \_\_\_\_\_ First: \_\_\_\_\_ Initial: \_\_\_\_\_

Name must match U. S. Drivers License or State ID:

Drivers License or State ID #: \_\_\_\_\_ D/L State: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
MM DD YYYY

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Certificate Type:** \_\_\_\_\_ General Electrician \_\_\_\_\_ Residential Electrician \_\_\_\_\_ Fire/Life Safety Technician  
\_\_\_\_\_ Voice Data Video Technician \_\_\_\_\_ Non-residential Lighting Technician

### **GENERAL INSTRUCTIONS**

Please fill in the information above and complete one or both of the sections below – ‘ALL Certification Renewals’ and, if needed, ‘ALSO Required for Renewal of EXPIRED Certification’.  
**Please fill out a separate renewal application for each category of certification you are renewing.** Keep a copy of this signed application for your records. DLSE will respond to your application within 30 days of receipt. DLSE accepts payment only by check or money order payable to: **DIR – Electrician Certification Fund**. Payment must be included for certification to be renewed. Mail this completed form and payment to:

Division of Labor Standards Enforcement  
Attn: Electrician Certification Unit  
PO Box 420603  
San Francisco, CA 94142-0603

### **ALL Certification Renewals**

- ☐ Enclose \$100.00 renewal fee. (Required for Valid and Expired Certificates.)
- ☐ Check here to verify that you have completed 32 hours of further electrical education from an educational provider relevant to the type of certification being renewed.  
(If not, you do not qualify to RENEW your certification).
- School Name(s): \_\_\_\_\_ City: \_\_\_\_\_
- School Name(s): \_\_\_\_\_ City: \_\_\_\_\_
- School Name(s): \_\_\_\_\_ City: \_\_\_\_\_
- ☐ Check here to verify that you have worked at least 2,000 hours in the industry in the previous 3 years.  
(If not, you do not qualify to RENEW your certification).

### **ALSO Required for Renewal of EXPIRED Certification**

- ☐ Enclose \$100.00 exam fee to retake examination and check language choice.  
DAS will notify you in writing of the next step.
- Language choice for RENEWAL EXAM: \_\_\_\_\_ English \_\_\_\_\_ Spanish

**I certify under penalty of perjury that all statements are true and correct.**

Original Signature: \_\_\_\_\_ Date: \_\_\_\_\_